

ReliaStar Life Insurance Company
250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

NOTICE TO CALIFORNIA POLICYHOLDERS/CERTIFICATEHOLDERS
KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

If you have a question about your policy, if you need assistance with a problem, or if you have questions about a claim, you may write to us at the above address or call 1-800-955-7736.

You will need to provide your policy number with any communication.

If you do not reach a satisfactory resolution after having discussions with us, or our agent or representative, or both, you may contact the following unit within the Department of Insurance that deals with consumer affairs:

**California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, California 90013**

**Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)
Los Angeles: (213) 897-8921**

Web Site: www.insurance.ca.gov/01-consumers/101-help

RELIASTAR LIFE INSURANCE COMPANY

Minneapolis, Minnesota

CERTIFICATE BOOKLET RIDER Group Long Term Disability Income Insurance

Applicable to Idaho Residents

Your certificate has been changed as follows. Please insert this rider in your certificate. This rider is subject to all of the terms of the group policy.

All other provisions of the certificate apply and remain unchanged.

I. CERTIFICATE COVER PAGE

The following provisions are added:

RENEWABILITY

The policy is effective on the Policy Effective Date. The first policy year ends on the policy anniversary date and may be renewed for additional years if agreed to by the Policyholder and ReliaStar Life. Policy years are determined from the policy anniversary. Benefit periods begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

Notice to Buyer: This is a disability income protection certificate. You have the right to return this Certificate of Coverage within 10 days of its delivery and have premium you contributed (if any) refunded if, after examination of this Certificate of Coverage you are not satisfied for any reason.

II. BENEFITS AT A GLANCE

If your certificate contains an **Elimination Period** provision, the elimination period will be no more than 365 days.

III. DEFINITIONS

If your certificate contains a definition of **Child**, then that definition is changed to add the following:

Child also includes a child under 25 who is primarily dependent on you for more than half of financial support. Child also includes any unmarried child of any age who is medically certified as disabled and financially dependent upon you.

IV. LONG TERM DISABILITY BENEFIT INFORMATION

The **Disabilities Not Covered Under the Policy** provision is changed as follows:

If your certificate contains an exclusion for loss of a professional license, that exclusion does not apply.

If your certificate contains an exclusion for legal intoxication, narcotics or drug use, that exclusion does not apply.

If your certificate contains an exclusion for active military duty, then that exclusion is replaced by the following:

- Service in the armed forces or units auxiliary to it. **We** will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.

If your certificate contains an exclusion regarding active participation in a riot, then that exclusion is replaced by the following:

- Participation in a riot or insurrection.

If your certificate contains an exclusion regarding an illegal occupation, that exclusion does not apply.

If your certificate contains an exclusion regarding commission of a crime for which you have been convicted, that exclusion does not apply.

If your certificate contains an exclusion for elective surgery, then that exclusion is replaced by the following:

- Cosmetic surgery, except when required for **your appropriate care** as determined by a **doctor** as a result of **your injury** or **sickness**. "Cosmetic surgery" will not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or involuntary complications or complications related to a cosmetic procedure.

If your certificate contains an exclusion related to traveling or flying on an aircraft, that exclusion does not apply.

V. EFFECTIVE DATE

This rider is effective for you on the latest of the following dates:

- March 20, 2020.
- The effective date of your insurance.



Melissa A. O'Donnell
Secretary

RELIASTAR LIFE INSURANCE COMPANY

ILLINOIS CIVIL UNION ENDORSEMENT

All references to "spouse" in the policy/certificate and any riders or endorsements include a partner to a civil union that is recognized by the State of Illinois. Any reference to "stepchild" includes a child of a partner to a civil union that is recognized by the State of Illinois. Any reference to "divorce" includes the dissolution of a civil union according to the requirements of the State of Illinois.

A civil union or same sex civil union or marriage entered into outside of Illinois, which is valid under the laws of the jurisdiction under which the relationship was legally entered into, will be treated as a civil union under Illinois Law.

Texas Residents: Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

ReliaStar Life Insurance Company

To get information or file a complaint with your insurance company:

Call: Customer Contact Center Manager at 1-800-955-7736

Toll-free: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Email: LifeClaims@voya.com

Mail: 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamacion o con su prima de seguro, llame primero a su compania de seguros. Si no puedo resolver el problema, es posible que el Department de Seguros de Texas (Texas Department of Insurance, pro su nombre en ingles) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, tambien debe presentar una queja a traves del proceso de quejas o de apelaciones de su compania de seguros. Si no lo hace, podria perder su derecho para apelar.

ReliaStar Life Insurance Company

Para obtener informacion o para presentar una queja ante su compania de seguros:

Llame a: Customer Contact Center Manager at 1-800-955-7736

Telefono gratuito: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Correo electronico: LifeClaims@voya.com

Direccion postal: 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacion ada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electronico: ConsumerProtection@tdi.texas.gov

Direccion postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

Wisconsin Complaint Notice

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? – If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

**ReliaStar Life Insurance Company
Customer Service
P.O. Box 20
Minneapolis, MN 55440-0020
1-800-955-7736**

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE**

at its website at <http://oci.wi.gov/>,

or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103.